

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: May I make some small correction of a statement in Miss Cole's article in the October JOURNAL?

Although Old England has right to feel proud of her relation to the Bordeaux Schools, yet it is rather too sweeping to say that these schools are "under English management." Dr. Anna Hamilton, who created the first model and modern school for nurses at the Protestant Hospital in Bordeaux, had an Irish father and French mother. She was born in Italy, but has never lived in England; has been educated, studied medicine, and has done all her work in France. On account of her Italian birth she became naturalized as a French citizen.

Miss Elston, the head of the Tondu Hospital, is English, and was trained at the London hospital. She has, however, some French heritage in her ancestry, and spent a year or so in the Protestant Hospital with Doctor Hamilton, as Directress of Nurses. She there perfected her knowledge of French and became thoroughly conversant with French hospital management.

Those hospitals of the provinces, whose nursing has "sprung from Bordeaux," and which I intend describing later, are all under the charge of young French women of education and refinement who have, with few exceptions, been trained at Bordeaux. The most striking exception is Mlle. Luigi, at Béziers, who was also trained at the London Hospital. It would, however, be highly erroneous to suppose that these hospitals had "no bearing on the subject of French nursing." I am describing the Bordeaux schools in this JOURNAL.

L. L. DICK.

DEAR EDITOR: The discussions concerning the decrease in the number of probationers, which the JOURNAL has published, have aroused considerable interest. But the article, about which I would like to speak, is the one which appeared in the June JOURNAL. This shows a condition of affairs, which I can scarcely believe exists in very many hospitals of the present day.

The author has spoken from her own personal experience, so in answering her, I may be permitted to do likewise. I have visited nearly every hospital in Greater New York and graduated from one of these. In some hospitals there might exist one or two of the drawbacks mentioned, but in no one case were they all found.

One of the reasons given for the lack of probationers is that nurses are obliged to lift heavy patients unaided. This we were forbidden to do. If we did so it was at our own risk and probably because we were too impatient to wait until help was available. We were taught how to lift, so that a minimum strain came on us and the patient was instructed how to aid us for the best.

The maintenance of strict military discipline, especially on duty, is very desirable and how it could tend to narrow the nurses, I fail to see. If a few short months in the position of senior nurse develops "an overbearing and unsympathetic manner," that characteristic, in all probability, was existent before, only waiting a favorable opportunity to show itself.

We find a great many training schools have comfortable nurses' homes and those that have less enviable quarters realize that such conditions exist, not because the officials are careless of the comfort of the nurses, but because they lack the means to better them.

That a nurse's hours are long, I admit, but if we were ever called upon to stay up most of the night, after being up all day, we always had the following day to sleep. As a rule, our time was from seven A.M. to seven P.M., with two hours off for rest and recreation. We also had a half-day off each week and on Sundays and holidays. After a term of night duty we were given several days to rest—a half day being allowed for every week spent on night duty. I have never known our nurses to be deprived of recreation hours for trivial faults and cannot believe there are many superintendents who would stoop to this means of reproof. Because we come across one or two such cases, should all superintendents be branded alike? In most cases their chief aim is the comfort and care of the nurses. If, at times, there was an unusual amount of work in one ward, our supervisor would send sufficient nurses, so that no one need be deprived of her recreation hours. And, if at any time the work was diminished, the nurse-in-charge was given permission to arrange for longer hours of rest for the nurses under her. These are the "tricks" which I think will be found predominant in most superintendents.

Another complaint is that nurses are sent on private cases in their second and third years, the hospital receiving the compensation. Is this fair? How could it possibly be arranged otherwise? Why should those

who received many or long cases accept the compensation, while their fellow-workers at the hospital receive nothing for their services, although they may be having harder duties? But I think that most hospitals find plenty of work for their nurses within their doors and cannot spare many for outside cases.

If cases of venereal diseases came under our care—the doctor always insisted that a basin of bichloride solution should be kept near the bedside of the afflicted patient, so that a nurse could immediately disinfect her hands after giving the needed care. In very severe cases we protected our hands with rubber gloves.

I have not expressed my opinion as to the reason of the shortage of probationers, but before closing I would say that a person giving to the public such narrow opinions as were expressed in that article is responsible for far more than any one would care to assume. Even if the statements which she makes concerning her own school were true, will the blazoning of the faults of her Alma Mater before the public, in any way expiate her wrongs or make the hospital officials any more considerate of their undergraduates. Because her own experience was not pleasant, why place all hospitals on the same level? Instead of discouraging applicants, rather inquire into conditions in other hospitals—choose the best and say: "Here is a good field for your labors. Here you will receive the best training under the most pleasant circumstances. Give this institution of your best and it will give a thousandfold in return." For it is indeed true in our profession that he who loses his life in his work gains life indeed.

A. GRACE SCOTT, R.N.,
Private Nurse.

DEAR EDITOR: Having a knowledge of what the title of R.N. means to the nurse, and to the public, I fail to see the necessity of having vouchers for character, etc., when one wants to enter another field of nursing, and join a club or registry. If a nurse has the right to the title of R.N., what better recommendation would she want?

If a nurse can prove she is a state registered nurse, I should think that would be sufficient. Many times a nurse desirous of nursing in a large city does not know a single nurse in that city, but the rules of the registries or clubs are, that two or three members must vouch for her. I believe the title of R.N. ought to be sufficient to admit her to any club or registry.

J. K.